

History, scope and methodology of the 3rd International Consensus Workshop on Ovarian Cancer 2004

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On behalf of the Gynecological Cancer Intergroup (GCIG) Consensus Working Group

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This document reports the history of the two previous ovarian cancer consensus meetings and the scope and methodology of the 3rd International Ovarian Cancer Consensus Conference, which was held by the GCIG from 5–9 September 2004 in Baden-Baden, Germany. This conference was supported by an unrestricted grant from Bristol-Myers-Squibb. Selection of participants, agenda and deliberations were not influenced by the financial support provider.

International evidence-based consensus statements are important in order to define minimal standards of care and to serve as guidelines to communities worldwide. These statements also form an important basis for future research direction and performance. Two previous successful international consensus meetings have been organized on ovarian cancer, the first in Elsinore, Denmark in 1993 [1], where consensus statements were developed on a number of issues including biological factors, prognostic factors, surgical aspects, tumor markers and management recommendations related to dose-intensity, supportive care, drug resistance, second-line treatment and investigational drugs. Many of the statements are still currently valid and in addition, a number of the research questions have been answered.

Encouraged by the success of the Elsinore meeting, a second international consensus workshop on advanced ovarian cancer was organized 5 years later in Bergen aan Zee, The Netherlands [2]. The structure of the workshop was similar and three key questions were highlighted: Are there prognostic factors to help identify those patients whose progress is poor? What is the best current therapy for advanced ovarian cancer? What directions should research take in advanced ovarian cancer? One important outcome of the meeting was an international agreement on standard definitions for surgical interventions in advanced ovarian cancer, and the current standard approach of primary cytoreductive surgery followed by combination chemotherapy with a taxane and a platinum compound was adopted as the standard of care.

A new trials network, the Gynecologic Cancer Intergroup (GCIG), was formalized the previous year to (1992) encourage

national groups to initiate new internationally co-operative phase III trials, using the same control arms and end point assessments. Since then, the membership has expanded into a network that now constitutes 13 national and international cooperative member groups. The 3rd International Ovarian Cancer Consensus Workshop was mooted in June 2002 by the Intergroup's Education Committee. A planning committee for the Workshop was formed the following February, materials from the previous consensus workshops were reviewed and a proposal drafted to address the outstanding and most important current questions regarding future directions of clinical research in this disease. The agreed format again included three key areas, viz, study methodology, standard therapy and new treatment options, in particular how to best translate research from the laboratory to the bedside. It was well recognized from the start that the key to a successful workshop lies in rigorous preparation. In May 2003, the organizing committee met to discuss the original proposed outline and to finalize the format, the venue and the funding. They agreed on 12 questions as being most relevant to the three basic areas that would usefully direct future clinical and laboratory research globally via the GCIG's study groups. The idea for this meeting was not only to exploit the extensive expertise available through the Intergroup, but also to develop a structured consensus process that would allow intellectual participation by all study groups, thereby ensuring that the eventual recommendations would have true international acceptance.

Each GCIG member group (see Appendix) provided a list of one to six delegates who were appointed to one of the three basic areas. Numbers for each group reflected the size of the group, regional distribution and populations represented. European groups sent proportionately fewer participants per group to ensure appropriate balance. Asia, however, remained under-represented and no African group could be identified. The delegation process resulted in an assembly of more than 50 experts representing all Intergroup member societies who were invited to attend, with the majority being used either as presenters or discussants of the various individual topics identified as being pertinent to the three major areas of interest. In collaboration with the GCIG Secretariat, three chairpersons for each of these areas were given the task of ensuring time lines were met and presentations completed and circulated. One presenter and one discussant were allocated to each of the 12 questions.

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Manuscript outlines were circulated in May 2004 for discussion by the planning committee and slide presentations of all material circulated approximately 1 month before the meeting date to ensure that everyone was familiar with the data to be presented and the format of the meeting itself.

The first day of the meeting was dedicated entirely to presentations and discussions and was followed the next morning by meetings of the three individual working groups to discuss the previous presentations. Individual working group consensus statements were formulated for discussion and eventual agreement on the final day of the workshop was reached with each member group being involved in the voting.

Although the intention of the 3rd International Ovarian Cancer Consensus meeting was to focus on the 12 questions relevant to clinical trials in ovarian cancer, the participants acknowledged the need to address other appropriate areas and a list of 'unmet needs' was made. Some of these questions will be addressed within the GCIG working groups while others will be addressed at future International Ovarian Cancer Consensus meetings. It can be predicted that, given the success of the meeting in Baden-Baden, future Consensus meetings will follow a similar format, which is readily transferable to other disease sites.

International consensus statements are important to define standard practice and to serve as a guide to prioritize future research. It is the responsibility of the international community to participate in and enhance recruitment of patients to clinical trials. The GCIG aims to contribute to this goal by promoting international collaboration to ensure that patient management is evidence-based and that research is appropriate and relevant.

References

1. Advanced epithelial ovarian cancer: 1993 consensus statements. *Ann Oncol* 1993; 4 (Suppl 4): S83–S88.
2. Advanced epithelial ovarian cancer: 1998 consensus statements. *Ann Oncol* 1999; 10 (Suppl 1): S87–S92.

Appendix

Participating groups, delegates, planning committee (PC) and scientific secretaries (SS)

AGO-OVAR, Germany	A. du Bois (PC, chair), J. Pfisterer (PC), W. Meier, J. Rochon, U. Wagner, M. Bauer (SS), P. Harter (SS), K. Gnauert (SS)
ANZGOG, Australia, New Zealand	M. Quinn (PC), M. Friedlaender, D. Bowtell
EORTC, Europe	J. Vermorken (PC), A. Casado, I. Vergote, R. Verheijen
GEICO, Spain	A. Cervantes, A. Poveda
GINECO, France	J. P. Guastalla, E. Pujade-Lauraine
GOG, USA	T. Thigpen (PC), M. Bookman, M. Brady, F. Stehman, M. Randall, R. Mannel, R. Ozols
JGOG, Japan	K. Fujiwara, S. Sagae
MRC/NRCI, UK	M. Parmar (PC), P. Harper, H. Kitchenner, G. Rustin
NCIC-CTG, Canada	G. Stuart (PC), E. Eisenhauer, D. Provencher, A. Oza, M. Bacon (SS)
NCI-US	E. Trimble
NSGO, Scandinavia	E. Avall-Lundqvist (PC), S. Grenman, T. Hogberg, G. Kristensen
RTOG, USA	B. Miller
SGCTG, Scotland, UK	S. Kaye, P. Vasey
Non-voting guest of International Society of Gynecological Cancer	S. Pecorelli, Italy
Non-voting guest and organizer of 1st and 2nd Ovarian Cancer Consensus Conference	J. Neijt, The Netherlands